

Form# 135  
IOP Form 004

Appendix C3  
Page 3

**JUSTIFICATION FOR REQUEST/CHANGE OR RECOMMENDATION**

INMATE NAME Shane Hopkins SBI# 253918

Mr. Hopkins wants to apply for interstate compact. He has been a discipline problem in the past. He had acquired many write-ups in SHU. In the past 6 months he has only received one 24. However, the MST feels that a longer period of time is necessary with no more write-ups. He should try to get to medium compound before applying also - the MST does not recommend interstate compact at this time. Vote 2-0

Recommended review date: 7/03

D00345

BOP FORM 004

III.

Institution Disciplinary History (summarize last 6 months - include dates, offenses, dispositions)

11/1/01 - FTO, D/T Beh, CHSFH, Rest/Dam over 10 - 10d CTQ, 11/1/01 - FTO, D/T Beh - 7d CTQ  
 11/1/01 - D/T Beh, Restraint, Rest/Dam over 10, FTO - 15CTQ 11/14/01 - FTO - 9d LOAP  
 11/25/01 - FTO - 11d LOAP 12/5/01 - FTO, CHSFH - 10d LOAP, 12/9/01 - FTO, CHSFH - 13d LOAP  
 2/16/02 - FTO - PNDL pending 5d LOAP

IV. Current Program Participation/Work Assignment (Justification for Request/Change or Recommendation must be recorded on page 3.)

STEW program - QJL LV3

V.

Program Request/Change or Recommendation

MDT Recommendation:

Housing/Security Level Continue Maximum Security Complex

Employment \_\_\_\_\_

On/Off Grounds \_\_\_\_\_

Education \_\_\_\_\_

Treatment Program \_\_\_\_\_

Work Release \_\_\_\_\_

Supervised Custody \_\_\_\_\_

Halfway House Worker \_\_\_\_\_

Highway Work Project \_\_\_\_\_

Other Recommendation:

Furlough \_\_\_\_\_ To Visit: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Purpose of Visit \_\_\_\_\_

Has inmate had prior participation in any program recommended? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of prior approvals for any program recommended \_\_\_\_\_

Is exception to standards requested? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, give reason for exception) \_\_\_\_\_

VI.

Victim Notification Information

Offender's Release Address (if required) \_\_\_\_\_

Name of Victim(s) \_\_\_\_\_

Last Known Address of Victim \_\_\_\_\_

Signature of Counselor John Weller Date 4/1/02Signature of Counselor Supervisor Bob Bentz Date 4/1/02MDT ReviewMDT: Recommended ✓ Not Recommended \_\_\_\_\_ Vote 2-0Signature of MDT Chairperson \_\_\_\_\_ Date 4-2-02IBCC ReviewIBCC: Approved + Disapproved \_\_\_\_\_ Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_ Vote 3-0Signature of IBCC Chairperson Indylyn J. Stevenson Date 4-4-02

Comments \_\_\_\_\_

CICB Review

CICB: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_ Vote \_\_\_\_\_

Signature of CICB Chairperson \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

IRCB Review

IRCB: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Vote \_\_\_\_\_

Signature of IRCB Chairperson \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Distribution After Final Committee Review

Copy to: Classification

Institution File (original)

Special Programs Office (as required)

## JUSTIFICATION FOR REQUEST/CHANGE OR RECOMMENDATION

INMATE NAME Hopkins, Shane SBI# 253918

Shane Hopkins is a 28 y/o offender serving a 16 yr Level 5 sentence for 8 counts of Burglary. Mr. Hopkins has had some significant behavioral issues as evidenced by his recent disciplinary history. To his credit Mr. Hopkins has not had a write-up since February. He has stated that he is ready to "quit the dumb stuff." Mr. Hopkins was encouraged to continue with his programming in the STU and to continue with the appropriate behaviors.

MDT Recommends: Continue Maximum Security Complex - STU program rate 2-0

Recommended review date:

4/03

D00347

TO: Shane Hopkins SBI: 253918  
 FROM: Counselor McFadden DATE: 3/26/02

## RE: QUALITY OF LIFE LEVEL REVIEW

This is to inform you that the Quality of Life Review Committee has reviewed your Quality of Life Level placement. The Committee has determined your level:

Shall remain at Level \_\_\_\_\_

Shall be downgraded to level \_\_\_\_\_ for the following reason(s):

Failure to follow treatment plan

Institutional behavior

Criminal history

Other \_\_\_\_\_

DOC APR 3 PM 1  
2002 28

RECEIVED

Shall be upgraded to Level 3 based on completion of your current treatment plan and your positive behavior.

Your new treatment plan is listed below. You are required to successfully complete this plan before any review for upgrade by the Quality of Life Committee.

TREATMENT PLAN

Accept responsibility: develop and display a positive attitude: exhibit positive behavior: comply with rules, orders and directives: develop and maintain cell and personal cleanliness: develop and maintain respect for self, others, and property: participate actively in individualized treatment plan which includes showing these behaviors AND completing the following programs: (Complete all that are checked)

\* MUST remain write-up free

Anger Management  
 Decision-Making  
 Values Training  
 Conflict Resolution  
 Communication Skills

Violence Reduction  
 Sex Offender Treatment  
 Journaling Assignments (5, 6, 7) *Indiv Assy*  
 Mental Health  
 Substance Abuse Education

Education (Evaluate)

Inmate acknowledges receipt of the above information

Signed: Shane Hopkins

Date: 3/27/02

Cc: Records/File  
 Deputy Warden  
 Counselor

Revised 7/01

DO0348

**BUREAU OF PRISONS RECLASSIFICATION FORM #004****I. Vital Indicators/Sentencing Information**

Inmate Name Hopkins, Shane AKA none SBI No 253918 Date of Birth 10/15/73  
 Facility DCC Security/Custody Level MAX Housing Area SHU  
 Current Offense(s) Burglary 2<sup>nd</sup> - 8CFS

Level V Sentence: Year(s): 16 Month: X Day(s): X Truth in Sentence? Yes  No

Sentence Effective Date 3/7/95 STRD: 7/29/09 PE Date: N/A Parole Rehearing Date N/A

Mandatory Sentence: Year(s) X Month(s) X Day(s) X Level IV Sentence? Yes  Length 1yr 6m  
 No

Detainer(s)? Yes  Agency NJ PA Open Charge(s)? Yes  4204K? Yes  End Date of 4204K   
 No  No  No

4205L? Yes  4214B/Habitual Offender? Yes   
 No  No

**II. Prior Criminal History**

Escape History (List date, charge for which convicted, and location from which escape occurred):

12/90 - North Hampton Co PA

Sex Offenses (List date, charges, and ages of victim(s) for all sex offenses):

none

DNA sample obtained? Yes unknown No  (If no, contact Institutional Investigator)

List the most serious offenses in the past 10 years (not previously listed in Escape History or Sex Offenses).

Current offenses

**DUI Information (Complete if inmate is serving a sentence for DUI)**

Has information been verified via Motor Vehicle Records? Yes  No. of DUI's   
 No

Date(s) of offense(s): 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

TO: Hopkins, Shane SBI# 253918  
 FROM: Counselor Kramer DATE: 1/23/02

## RE: QUALITY OF LIFE LEVEL REVIEW

This is to inform you that the Quality of Life Review Committee has reviewed your Quality of Life Level placement. The Committee has determined your level:

Shall remain at Level 2

Shall be downgraded to level \_\_\_\_\_ for the following reason(s):

Failure to follow treatment plan

Institutional behavior

Criminal history

Other Write-ups

Shall be upgraded to Level \_\_\_\_\_ based on completion of your current treatment plan and your positive behavior.

Your new treatment plan is listed below. You are required to successfully complete this plan before any review for upgrade by the Quality of Life Committee.

TREATMENT PLAN

Accept responsibility; develop and display a positive attitude; exhibit positive behavior; comply with rules, orders and directives; develop and maintain cell and personal cleanliness; develop and maintain respect for self, others, and property; participate actively in individualized treatment plan which includes showing these behaviors AND completing the following programs: (Complete all that are checked)

Anger Management  
 Decision-Making  
 Values Training  
 Conflict Resolution  
 Communication Skills

Violence Reduction  
 Sex Offender Treatment  
 Journaling Assignments  
 Mental Health  
 Substance Abuse Education

Education (Evaluate)

Inmate acknowledges receipt of the above information

Signed: Shane Hopkins

Date: 01/30/02

Cc: Records/File  
 Deputy Warden  
 Counselor

Revised 7/01

000350

TO: Hopkins, Shane SBI# 253918  
FROM: Counselor Kramer DATE: 12/7/01

RE: QUALITY OF LIFE LEVEL REVIEW

This is to inform you that the Quality of Life Review Committee has reviewed your Quality of Life Level placement. The Committee has determined your level:

Shall remain at Level \_\_\_\_\_

Shall be downgraded to level \_\_\_\_\_ for the following reason(s):

Failure to follow treatment plan

Institutional behavior

Criminal history

Other \_\_\_\_\_

Shall be upgraded to Level 2 based on completion of your current treatment plan and your positive behavior.

Your new treatment plan is listed below. You are required to successfully complete this plan before any review for upgrade by the Quality of Life Committee.

TREATMENT PLAN

Accept responsibility; develop and display a positive attitude; exhibit positive behavior; comply with rules, orders and directives; develop and maintain cell and personal cleanliness; develop and maintain respect for self, others, and property; participate actively in individualized treatment plan which includes showing these behaviors AND completing the following programs: (Complete all that are checked)

Anger Management  
 Decision-Making  
 Values Training  
 Conflict Resolution  
 Communication Skills

Violence Reduction  
 Sex Offender Treatment  
 Journaling Assignments 3-4  
 Mental Health  
 Substance Abuse Education

Education (Evaluate)

Inmate acknowledges receipt of the above information

Signed: Shane Hopkins Date: 12/7/01

Cc: Records/File  
Deputy Warden  
Counselor

Revised 7/01

10-5  
 TO: HOPKINS, SHANE SBI# 002653918  
 FROM: Counselor J. STEPHENSON DATE: 8-8-01

## RE: QUALITY OF LIFE LEVEL REVIEW

This is to inform you that the Quality of Life Review Committee has reviewed your Quality of Life Level placement. The Committee has determined your level:

Shall remain at Level \_\_\_\_\_

Shall be downgraded to level ONE for the following reason(s):

Failure to follow treatment plan

Institutional behavior

Criminal history

Other \_\_\_\_\_

2001 AUG 24 PM 2 37  
D.C. RECORDS  
RECEIVED

Shall be upgraded to Level \_\_\_\_\_ based on completion of your current treatment plan and your positive behavior.

Your new treatment plan is listed below. You are required to successfully complete this plan before any review for upgrade by the Quality of Life Committee.

#### TREATMENT PLAN

Accept responsibility; develop and display a positive attitude; exhibit positive behavior; comply with rules, orders and directives; develop and maintain cell and personal cleanliness; develop and maintain respect for self, others, and property; participate actively in individualized treatment plan which includes showing these behaviors AND completing the following programs: (Complete all that are checked)

Anger Management  
 Decision-Making  
 Values Training  
 Conflict Resolution  
 Communication Skills

Violence Reduction  
 Sex Offender Treatment  
 Journaling Assignments  
 Mental Health  
 Substance Abuse Education

#### Education (Evaluate)

Inmate acknowledges receipt of the above information

Signed: Shane Hopkins

Date: 8/9/01

Cc: Records/File  
 Deputy Warden  
 Counselor

Revised 7/01

000352

TO: Hopkins, Shane SBI# 253918  
 FROM: Counselor Kramer DATE: 7/11/01

17 AUB

## RE: QUALITY OF LIFE LEVEL REVIEW

This is to inform you that the Quality of Life Review Committee has reviewed your Quality of Life Level placement. The Committee has determined your level:

Shall remain at Level \_\_\_\_\_

Shall be downgraded based on the following reason(s):

Failure to follow treatment plan

Institutional behavior

Criminal history

Other \_\_\_\_\_

Shall be upgraded to Level 3 based on completion of your current treatment plan and your positive behavior.

RECEIVED  
2001 JUL 17 AM 10 44  
D.C.C. RECORDS

Your new treatment plan is listed below. You are required to successfully complete this plan before any review for upgrade by the Quality of Life Committee.

TREATMENT PLAN

Accept responsibility: develop and display a positive attitude; exhibit positive behavior; comply with rules, orders and directives; develop and maintain cell and personal cleanliness; develop and maintain respect for self, others, and property; participate actively in individualized treatment plan which includes showing these behaviors AND completing the following programs: (Complete all that are checked)

Education (Evaluation)  
 Anger Management  
 Decision-Making  
 Values Training  
 Communication Skills  
 Violence Reduction  
 Journaling

Conflict Resolution  
 Mental Health  
 Sex Offender Treatment  
 Character Quality Training  
 Relapse Prevention  
 Substance Abuse Education

Inmate acknowledges receipt of the above information

Signed: Shane Hopkins Date: 7/11/01

Cc: Records/File  
 Deputy Warden  
 Counselor

D00353



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
TREATMENT OFFICE  
DELAWARE CORRECTIONAL CENTER

TO: Shane Hopkins *[Signature]* DATE: March 8, 2001  
SBI: 00253918 *[Signature]*

FROM: D.C.C./I.B.C.C.

RE: **CLASSIFICATION**

On 3/8/01 the Institutional Based Classification Committee (I.B.C.C) classified you to the following:

X SHU    MHU

The reason(s) for this classification: Continuing pattern of disruptive behavior

You have the right to appeal this decision. If you intend to appeal you should state your reasons for an appeal in writing to the Chairman of I.B.C.C. The I.B.C.C. will review the case and forward its recommendation to the Warden or his designee, who will act on the appeal and forward his decision to you.

***An appeal of M.S.U. classification must be received by I.B.C.C. within thirty (30) days of the I.B.C.C. decision to classify you to SHU or MHU.***

*[Signature]*  
I.B.C.C. Chairperson

cc: Deputy Warden McGuigan.  
Transfer Office  
Counselor  
File